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PTO/SB/21 (09-04)
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EMPR			Application Number		52,654		
TRANSMITTAL FORM			Filing Date	Octol	ober 7, 2005		
			First Named Inventor	Andre	eas Lendlein		
			Art Unit				
(to be used for	r all correspondence after initial i	filina)	Examiner Name				
	of Pages in This Submission	marg/	Attorney Docket Number	MNE	109		
ENCLOSURES (Check all that apply)							
Fee Tran	smittal Form	[] (Drawing(s)		After Allowance Communication to TC		
☐ F	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply			Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
			Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address		Proprietary Information		
					Status Letter		
	ffidavits/declaration(s)		•	e Address	Other Enclosure(s) (please Identify		
Extension	n of Time Request	\Box	Terminal Disclaimer		below): Three (3) pages of PTO-1449; fifteen (15)		
Express Abandonment Request			Request for Refund		references; copy of PCT Search Report		
✓ Information	on Disclosure Statement	ַ ַ ַ	CD, Number of CD(s)		from PCT application PCT/ EP2004/003066; return postcard		
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	nder 37 CFR 1.52 or 1.53			•			
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Printed name	Patrea L. Pabst						
Date December 5, 2005				Reg. No.	No. 31,284		
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	e as first class mail in an env				osited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on		
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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known PADEN Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/552,654 **Application Number** FEE TRANSMIT Filing Date October 7, 2005 For FY 2005 Andreas Lendlein First Named Inventor **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. **MNE 109** METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity** Small Entity Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 200 Design 100 100 130 50 65 200 Plant 100 300 150 160 80 Reissue 300 300 150 500 250 600 200 **Provisional** 100 n n 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 **Extra Claims Multiple Dependent Claims Total Claims** Fee Pald (\$) Fee (\$) 11 - 20 or HP = Fee Pald (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep. Claims Fee Paid (\$) Fee (\$) 0 3_ - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof **Total Sheets** Fee Paid (\$) / 50 = (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY

Registration No. Telephone Signature 31,284 (404) 879-2151 Name (Print/Type) Date December 2005 Patrea L. Pabst

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